

**Health History** (please give appropriate dates)

Any specific activities to be encouraged or limited by physician's advice \_\_\_\_\_

Allergies to medicine/food \_\_\_\_\_

Current medication (send with instructions) \_\_\_\_\_

Family physician \_\_\_\_\_

Phone \_\_\_\_\_

Non-Profit Org.  
U.S. POSTAGE  
**PAID**  
Stroudsburg, Pa.  
Permit No. 271

 **Streamside**  
Camp & Conference Center  
303 Possinger Drive  
Stroudsburg, PA 18360  
[www.streamside.org](http://www.streamside.org)

**Authorization For Treatment And Consent**

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**STREAMSIDE**  
**Winter Blast!**

*Feb. 10-12, 2012*

Be challenged by the Word of God, along with a weekend full of worship, games, snow tubing, good food, and hanging out with friends!  
This is a weekend you do not want to miss!



# Streamside 2012 Winter Blast Registration

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Register online at [www.streamside.org](http://www.streamside.org)

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Last Year at Streamside \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Church Name (optional) \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## How to register your camper

- \* Complete ONE registration form for EACH Child OR register online at [www.streamside.org](http://www.streamside.org)
- \* Complete the *Health History & Parent/Camper Consent* form located on the back
- \* Registration Fee and Bus Fee (if applicable) are due with this Registration.
- \* More information about each Winter Blast weekend will be sent to those who register. Information can also be found on our Web site at [www.streamside.org](http://www.streamside.org).

## Winter Blast pricing

As cost of living rise for families, so does the cost of operating a quality Christian camp program. Streamside is relying more on the generous donations of our supporter to make camp affordable for every child. Recognizing that families have a wide range of income, we are instituting a **voluntary** tiered price structure for the Winter Blast weekend camp.

This pricing does NOT influence the quality of the camp experience for any camper, but it does help to continue to provide a quality camp program, recruit highly qualified staff, serve delicious well-balanced meals, and maintain and improve our facilities. This also provides an opportunity for families to take an active role in supporting the actual cost of their child's camp experience.

**Actual Cost** is \$120 per person. This helps us meet our budget and continue to operate a great camp!

**30% Discount** brings the price to \$85 per person. This allows us to offset some expenses, but results in less revenue to maintain a budget.

**50% Discount** brings the cost to \$60 per person. This does not reflect the actual cost of camp. We rely on donations to cover the remaining expenses.

When completing the registration form on the right, select the price you wish to pay.

*New this year, we are having the kids' camp and teen camp Winter Blast the same weekend. Meals and some activities will be together, but overall the program will be custom for each age group.*

## Please check one

### Kids' Winter Blast (Ages 8-12) February 10-12

- Actual Cost:** \$120 per person
- 30% Discount:** \$85 per person
- 50% Discount:** \$60 per person (This is the recommended cost for those eligible for the SFSP guidelines found on our Web site.)

### Teen Winter Blast (Ages 13-15) February 10-12

- Actual Cost:** \$120 per person
- 30% Discount:** \$85 per person
- 50% Discount:** \$60 per person (This is the recommended cost for those eligible for the SFSP guidelines found on our Web site.)

## Travel plans

- Streamside Bus from Philadelphia, round-trip cost \$40.00
- Other

## Enclosed is

\$ \_\_\_\_\_ **Registration Fee - Due NOW**

\$ \_\_\_\_\_ **Streamside Philadelphia Bus, \$40.00 - Due NOW**

\$ \_\_\_\_\_ **TOTAL amount sent with Registration Form**

## Type of payment

Check/Money Order # \_\_\_\_\_  VISA  MasterCard  Discover

Card Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Security Code (3 digit code on back): \_\_\_\_\_

**\*Please complete the Health History Form on the back!\***